

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	81-4840274	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to Elect Joseph Schember						
Street Address		1301 State Street						
City	Erie	State	PA	Zip Code	16512			

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/23/2017	11/27/2017	
A. Amount Brought Forward From Last Report	\$	20,176.15	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2017 NOV 27 PM 1:14 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,855.1	
C. Total Funds Available (Sum of Lines A and B)	\$	25,031.25	
D. Total Expenditures (From Schedule III)	\$	21,812.09	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,219.16	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	13,882.94	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	80,000	

Affidavit Section

Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 27th day of November 2017

Kimberly Alexander

Signature

Rebecca Hover

Signature of Person Submitting report

Rebecca Hover

Printed Name

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

814

Area Code

450-0119

Daytime Telephone Number

Part 2- If this is a **Candidate** report, authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this 27th day of November 2017

Kimberly Alexander

Signature

Joseph W. Schember

Signature of Candidate

Joseph W. Schember

Printed Name

My Commission expires 10 31 2019

MO. DAY YR.

814

Area Code

392-0996

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Kimberly S. Alexander, Notary Public

City of Erie, Erie County

My Commission Expires Oct. 31, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	81-4840274		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 1,005.1
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 1,550
Total for the reporting period		(2)	\$ 1,550
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 2,300
Total for the reporting period		(3)	\$ 2,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)			\$ 4,855.1

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number		81-4840274									
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										Amount	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	0	
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	81-4840274 Please see attached report
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City				State		Zip Code	
					Date [MM/DD/YYYY]	\$	

DONATIONS \$50.01 TO \$250.00

Deposit Date	Amount	Contributor	Street Address	City	State	Zip code
10/26/2017	\$200.00	JAMES DEPALMA	537 SHENLEY DR	ERIE	PA	16505
10/26/2017	\$100.00	HOWARD KUBINSKI	4525 W RIDGE ROAD	ERIE	PA	16505
10/26/2017	\$100.00	MICHAEL RUBINO	2911 OLD FRENCH RD	ERIE	PA	16504
10/26/2017	\$100.00	ROBERT GRIFFITH	2158 EAST 40TH ST	ERIE	PA	16510
10/28/2017	\$100.00	RUSSELL WIECZOREK	5310 MILL ST	ERIE	PA	16509
10/28/2017	\$200.00	DAVID BRENNAN	3407 GLENSIDE AVE	ERIE	PA	16508
10/30/2017	\$100.00	JEFFREY FLATLEY	3004 EL CORTO WAY	ERIE	PA	16506
11/2/2017	\$250.00	JAMES BARKER	3821 GREENLEE ROAD	MCKEAN	PA	16426
11/3/2017	\$100.00	SIDNEY GOLDSTEIN	11156 COLE ROAD	NORTH EAST	PA	16428
11/5/2017	\$100.00	EMIL SPADAFORE	479 GILMORE ST	MEADVILLE	PA	16335
11/15/2017	\$100.00	JAMES BURKE	4932 GLENWOOD PARK AVE	ERIE	PA	16509
11/15/2017	\$100.00	ROBERT HERSCH	535 HILLTOP RD	ERIE	PA	16509

TOTAL	<u>\$1,550.00</u>
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PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	81-4840274
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Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	0		
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address					Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	81-4840274 Please see attached report
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

DONATIONS OVER \$250.01

Date	Amount	Contributor	Street Address	City	State	Zip code	Employer Name	Employer Mailing Address	Occupation
10/25/2017	\$1,000.00	PAUL RANKIN	4640 HARBORVIEW DR	ERIE	PA	16508	COUNTRY FAIR	2251 EAST 30TH ST, ERIE, PA 16510	PRESIDENT
10/27/2017	\$1,000.00	TIMOTHY HUNTER	4138 MOUNTAIN LAUREL DR	ERIE	PA	16510	MCRINGS	1533 EAST 12TH ST, ERIE, PA 16511	CEO
10/28/2017	\$300.00	JOHN MELODY	333 STATE ST	ERIE	PA	16507	U PICK 6 RESTAURANTS	333 STATE ST, ERIE, PA 16507	OWNER
TOTAL	\$2,300.00								

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	81-4840274
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	81-4840274
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	62.76
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	13,820.18
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	13,882.94
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	81-4840274 Please see attached report
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Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

In Kind Donation- \$50.01 to \$250

DAVE BRENNAN	FOOD FOR MEETING	11/1/2017	\$62.76
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	81-4840274 Please see attached report
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
						Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
						Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
						Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		
						Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

In Kind Donation-over \$250

STEAMFITTERS UNTION 449	RECEPTION ON ELECTION DAY	\$13,820.18
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	81-4840274 Please see attached report
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To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City			State		Zip Code			

Check #	To Whom	Date	Amount	Street Address	City	State	Zip Code	Description of Expenditure
1107	MU NU OMEGA CHAPTER	10/27/2017	\$135.00	PO BOX 10694	ERIE	PA	16514	PINK CARPET DINNER DANCE
DEBIT CD	EMERALD PRINTING	10/27/2017	\$85.10	3212 CHERRY STREET	Erie	PA	16508	BUSINESS CARDS
1108	MCCARTY PRINTING	10/20/2017	\$6,425.95	246 EAST 7TH STREET	Erie	PA	16503	POSTCARD MAILINGS
1109	TAP HOUSE	10/28/2017	\$1,977.80	333 STATE ST	ERIE	PA	16507	BRUNCH FOR RALLY
DEBIT CD	ERIE ARTS & CULTURE	10/30/2017	\$135.00	23 WEST 10TH ST	ERIE	PA	16501	3 TICKETS TO DINNER
1110	BENSUR	10/31/2017	\$2,328.47	1062 Brown Avenue	ERIE	PA	16502	MEDIA COSTS
1111	SUSAN MOYER	11/4/2017	\$74.75	615 POPLAR STREET	Erie	PA	16502	SUPPLIES FOR HEADQUARTERS
DEBIT CD	EL AMIGO MEXICAN	11/7/2017	\$320.00	319 STATE STREET	ERIE	PA	16507	MEET AND GREET JOE
1112	PRINTING CONCEPTS	11/14/2017	\$3,353.83	4982 PACIFIC AVE	Erie	PA	16506	POSTCARDS & DOOR HANGERS
1113	MCCARTY PRINTING	11/17/2017	\$5,270.32	246 EAST 7TH STREET	Erie	PA	16503	POSTCARDS
1114	TIME WARNER CABLE	11/17/2017	\$111.67	PO BOX 0901	CAROL STREAM	IL	60132-0901	PHONE AT HEADQUARTERS
1115	KATHERINE BLAIR	11/18/2017	\$1,500.00	4115 SASSFRAS STREET	Erie	PA	16508	WORK FOR CAMPAIGN

PAYPAL FEES
BANK SERVICE CHARGES
TOTAL

\$63.04
\$31.16
\$21,812.09

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	81-4840274 Please see attached report
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Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City			State		Zip Code						
Description of Debt											

LOAN FROM JOE SCHEMBER	TOTAL	\$80,000.00
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